

Appendix 5

**List of Core and Specialised Procedures for
 Medical Oncology**

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.

CORE PROCEDURES	Tick the correct box	
	Yes	No
Bone Marrow Aspiration and Biopsy		
Abdominal Paracentesis		
Chest Aspiration		
Lumbar Puncture and Intrathecal Administration of Chemotherapy		
Planning and Administration of Chemotherapy and Targeted Therapy		

Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.

Name of Referee: _____
Designation: _____
Date: _____
Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.

SPECIALISED PROCEDURES	Tick the correct box		Signature of Referee
	Yes	No	
Bone Marrow Transplantation - Both Allogeneic and Autologous			
High Dose Chemotherapy with Stem Cell Transplantation			
Coordinates and Participates In Clinical Trials After Getting Necessary Ethics and Clinical Trial Certificates From HSA			

Signature of applicant: _____

Date: _____